## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Horton, Lauren, Kyle, Dr.,							
	(b) Address (number and street) 403-B Alabama Avenue	☐ Check if address changed				2. Candidate's FEC Identification Number H8NC07101		
	(c) City, State, and ZIP Code					3. Is This	lew Amended	
	Carolina Beach		NC	2842	8	Statement (1	N) OR (A)	
4.	Party Affiliation	5. Office Sough	nt		6. State & Distr	rict of Candidate		
	DEMOCRATIC PARTY	House			NC	07		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s). (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full)  KYLE HORTON FOR CONGRESS								
	(b) Address (number and street) P.O. BOX 880							
	(c) City, State, and ZIP Code							
	CAROLINA BEACH				NC	28428		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
(molading doint i andraising representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
(a) City State and ZID Code								
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.	
Signature of Candidate Date								
Horton, Lauren, Kyle, Dr.,								
11	orion, Lauren, Kyte, Dr.,	[Electronically Filed]			tronically Filed]	05/18/2017		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)